

UNIT: _____

MONTH: _____

YEAR: 20_____

Code Cart/Defibrillator Equipment Check List

Mount Sinai Morningside

Mount Sinai West

DATE	SHIFT	Expiration Date of Code Cart	Top Lock # (Ensure not broken)	Bottom Lock # (Ensure not broken)	Bag-Valve Mask Device Present	Portable Suction & Supplies Ensure Function	O2 Tank 2000 PSI or more	C B P o R a r d	Pads Sealed and not expired	External Paddles Present	Recording Paper Present	Defib Internal Check: Green Check	Defib 30j Plugged and Unplugged (PRINT, DATE, & INITIAL STRIP)	Red PPE bag present and locked	Signature	Replacement Cart Top Lock # (if replaced during shift)	Replacement Cart Bottom Lock # (if replaced during shift)
												<input checked="" type="checkbox"/>					
1	D																
	N																
2	D																
	N																
3	D																
	N																
4	D																
	N																
5	D																
	N																
6	D																
	N																
7	D																
	N																
8	D																
	N																
9	D																
	N																
10	D																
	N																
11	D																
	N																
12	D																
	N																
13	D																
	N																
14	D																
	N																
15	D																
	N																

UNIT: _____
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Code Cart /Defibrillator Equipment Check List

Mount Sinai Morningside
 Mount Sinai West

DATE	SHIFT	Expiration	Top	Bottom	Bag-	Portable	O2	C B	Pads	External	Recordi	Defib	Defib 30j	Red	Signature	Replacement	Replacement
		Date of Code Cart	Lock # (Ensure not broken)	Lock # (Ensure not broken)	Valve Mask Device present	Suction & Supplies Ensure Function	Tank 2000 PSI or more	P o R a r d	Sealed and not expired	Paddles Present	ng Paper Present	Internal Check: Green Check <input checked="" type="checkbox"/>	Plugged and Unplugge d (PRINT, DATE, & INITIAL STRIP)	PPE bag present and locked		Cart Top Lock # (if replaced during shift)	Cart Bottom Lock # (if replaced during shift)
16	D N																
17	D N																
18	D N																
19	D N																
20	D N																
21	D N																
22	D N																
23	D N																
24	D N																
25	D N																
26	D N																
27	D N																
28	D N																
29	D N																
30	D N																
31	D N																